children, from the standpoint of heredity, environment, and education, we ought to be able to recognize the types and prevent future development of nervous and mental diseases by proper early treatment and education and improving the heritage of the individual.

Dr. W. H. Strietmann: I do not think there is much to add to what Dr. Mack has said except to emphasize in a general way what has come home to me recently more than ever before. That is, we have, as men who are practicing medicine outside of the specialty of nervous diseases and psychiatry, absolutely neglected that field. It is something that should be presented to us in popular form. We have to be re-educated along that line. Recently I have been very much interested in Dubois' work on nervous diseases. It seems to me a very popular exposition of the things that we really ought to take unto ourselves. Among other things, Dubois points out, and I think very clearly, that the psychic phenomena are really a part of biology. It is a question whether we should use the term of psychophysiology or physiological psychology—whether the whole thing is not really a biological thing. We know that the lower animals, the amoeba, for instance, will react to stimuli of various sorts, a shaft of light, mechanical irritation, or what not. Of course, those are reflexes of a very low order. They are present in the human as well, but in the human there is the added feature of a mentality which the lower organisms do not possess. But I think it is reasonable to believe that everything we do, and I consider that is the general consensus of opinion among psychologists, is not done of our own free will but is done by reflex action, some response to an external stimulus. If that is true, it belongs in the domain of biology; and if it is we as physicians ought to be very much interested in it. Very frequently we meet with cases that have no definite lesion. Since I have been here, I have found a great many cases of gastroptosis and enteroptosis. As I think it over there is frequently a question whether or not they are functionally in bad shape. These patients with gastrointestinal trouble seem to do their work except for a colonic stasis, and while by treating them mechanically we do get some results, I wonder whether it is not very largely due to the fact that we are treating them also in a psychic way, very largely unconsciously. I do not know but what there is a great deal in that particular factor. Certainly, a definite percentage of the cases that we see do not improve by the ordinary mechanical things we do for them, for instance, a regulation of diet, and so on. Such cases should go to the psychologist.

We should have a little more popular material brought to us from this branch of medicine, and personally, I should be very glad to see it.

NEW SAN FRANCISCO HOSPITAL.

By DR. R. G. BRODRICK, Superintendent.

The new San Francisco Hospital is maintained by the city and county for the treatment of its sick poor. It is under the control of the Department of Public Health, which consists of a commission of seven members, four of whom are laymen and three physicians.

With the completion of the new general hospital, at an approximate cost of three and one-half million dollars, derived from the sale of bonds, San Francisco will have one of the finest and handsomest institutions of its kind in the United States. The hospital, when completed, will accommodate about 1,000 patients; hence the cost per bed amounts to about $3,500.

The late Mr. Newton J. Tharp designed the buildings and chose for the location of the main group the frontage facing Potrero avenue, a broad avenue on which is operated the municipal car line.

The hospital is located in what is known as the "Warm Belt" of the Mission, at the edge of the most thickly populated district of the city; it is situated on a rising elevation and covers four city blocks, 866 feet long and 760 feet wide. The tuberculosis and infectious groups will be situated on higher ground on the easterly portion of the property.

The buildings are so arranged that there is ample light and plenty of ventilation around each particular unit. In general, the type of construction is what is known as the corridor-pavilion, the buildings being connected by a main corridor in such manner that one can go from building to building without exposure to the elements.

The Italian renaissance style of architecture has been followed in designing the buildings, which are of the finest Class "A" fireproof construction possible for human skill to produce. The foundations are of concrete, waterproof and under-drained. The floor and roof construction is of reinforced concrete. The flooring throughout the offices and bedrooms in the administration building and in the nurses' home is of maple; in the wards and in the bedrooms of the service building the floors are covered with battleship linoleum cemented to the concrete. The operating rooms, treatment rooms, toilets, laboratories, etc., are finished with tile, and the floors of all corridors are of terrazzo. The exterior walls are of brick of rich color, laid in a very beautiful way, with terra cotta trim.

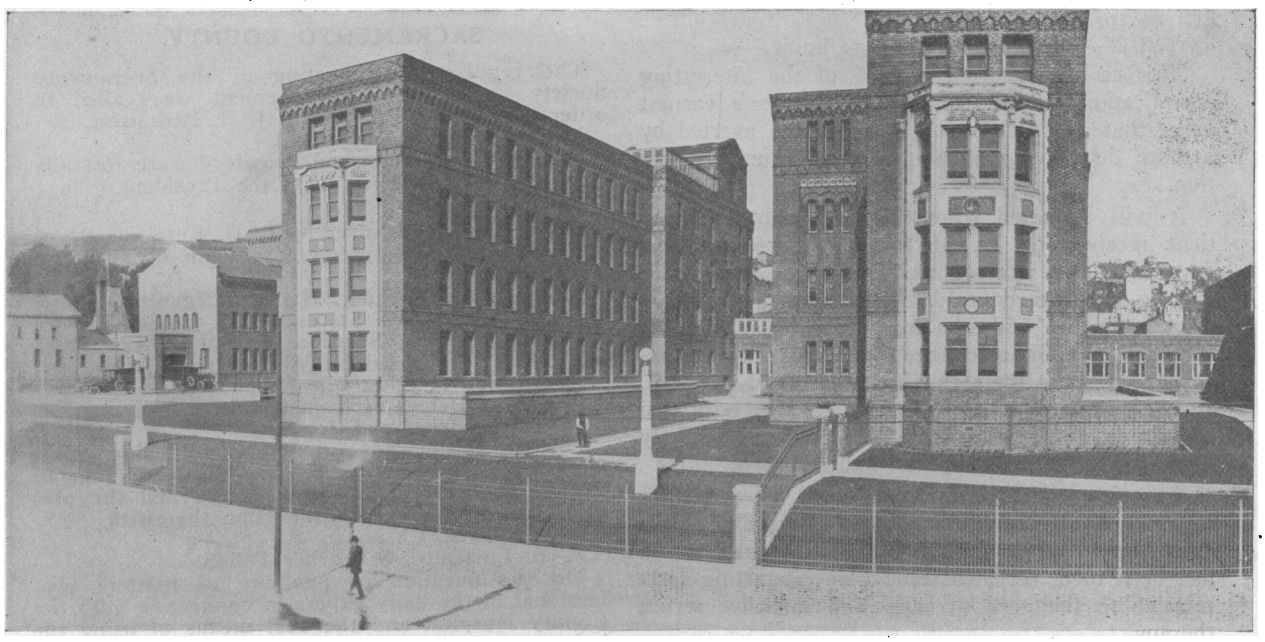
The grounds are extensive and present a park-like appearance, having ben laid out by Mr. John McLaren, the well-known designer of the beautiful gardens of the Panama-Pacific International Exposition, the entire area being enclosed by an iron grill fence and lighted at night by about forty ornamental electroliers.

The interior finish has been given careful study. All angles are rounded; baseboards are finished with sanitary cove; window-sills generally are of marble; all door and window frames are of wood; the doors are smooth and flush, without panels, and are painted with five coats of cream enamel paint, except in the administration building and in the nurses' home, where the doors are of quartered oak, natural finish; the plastering is of Keene's cement throughout and is covered with three coats of paint of a light buff color. The plumbing fixtures, of which there are over one thousand, are of vitreous ware; all pipes are placed in vertical pipe racks in such a manner as to be within easy reach when necessary.

Plate glass has been used in all windows, with the exception of a portion of the service building, power plant and laundry, where the panes are of sheet glass. All of the windows are covered with bronze screens.

The main group consists of ten buildings, begun in 1910 and completed May 1, 1915, when it was officially opened for the reception of patients. It has accommodations for 512 patients and is so constructed that 752 beds may be provided if found necessary. The main entrance is in the center of the Potrero avenue frontage, and persons entering or leaving the grounds are compelled to pass the gate house. The approach from the main entrance to the administration building is impressive, consisting of a series of terraces and stone stairways, on either side of which are lawns and flower beds. Provision is also made for ornamental fountains.

(By the courtesy of The Modern Hospital.)



EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Report of Case with Interesting Complications.

By WM. B. SMITH, M. D., Los Angeles.

C. R., cook, age 26, was admitted to the Portis and Vaughn medical service of the Cook County Hospital on March 22, 1914. He was sent in from the examining room for diagnosis.

Examination on entrance showed a fairly nourished young white man in a semi-comatose condition, and no history was obtained at the time. Later he stated that he had been sick for four days before admission with headache, fever and general malaise. He had convulsions soon after entering the ward with limbs rigid, head thrown back, sterterous breathing, and sweating. He could be roused, but sensorium was much clouded.

Pupils equal and react to light.

Teeth show moderate pyorrhea.

Tongue coated but not bitten.

Ears negative.

Neck shows distinct rigidity and patient constantly puts hand to head as if aching. No appreciable cervical adenopathy.

Lungs negative.

Heart negative; pulse 80 to 90 on entrance.

Temperature 105 degrees.

Abdomen negative, but patient vomited several ounces of dark green slime during examination. This was not projectile.

Genitalia show small meatus, 16 F catheter will not pass.

Extremities: Kernig sign is positive especially on the right; Babinski sign present on both sides.

Tache cerebrale is positive.

Spinal puncture on entrance gave purulent fluid under considerable pressure: 16 cc. were removed for diagnosis.

Examination of fluid: Noguchi and Nonne tests were both positive; cell count gave 1900 per cmm., practically all polymorphonuclear leucocytes; great numbers of intra and extra cellular diplococci were present.

White blood count gave 18,400 per cmm; Dare gave Hb. of 80%.

8 p. m. of same day second puncture was made, 40 cc. of purulent fluid were removed, and 30 cc. of Flexner's serum injected.

Urine exam. showed albumen, a few hyaline and granular casts Sp. Gr. 1.020.

Course. During the night of March 22, temperature dropped to 99.8 at 11 p. m.

March 23—Patient was irrational again and temp. went up to 102. A second dose of 30 cc. Flexner's serum was given after removal of 36 cc. of spinal fluid; fluid was cloudy and showed 4000 polymorphonuclear cells per cmm. Intracellular diplococci were numerous. No growth on glucose agar.

March 25—Patient answered questions intelligently. Right pupil dilated, left pupil normal. Left wrist shows red and exquisitely tender swelling. Knuckle joint of right middle finger is red and tender.

March 26—Patient stuporous. Temp. up to 104. Sweats profusely.

March 27—Left knee swollen and tender. 50 cc. spinal fluid removed, and third dose of Flexner's serum injected. Spinal fluid was still cloudy but no organisms were to be found.

March 29—Patient brighter, says he cannot see out of left eye. Left knee more swollen and fluctuates above the patella.

March 30—Left knee was aspirated, 70 cc. of purulent fluid removed which contained the diplococci in great abundance. 15 cc. Flexner's serum were injected into this joint.

April 1—Patient complains of aching of the left knee. Left eye shows conjunctivitis, iritis, and flocculent exudates into the anterior chamber. Cannot see at all with this eye. Eye exam. by Dr. E. V. L. Brown: Left plastic iritis with reduction of vision to light and shadow. Advises pushing the atropine medication.

April 4—Some frontal headache especially over the left eye. Fluid is disappearing from the knee. Patient looks and acts well. Temp. 99 degrees.

April 7—Patient says he feels bad. Left shoulder is very lame. Nervousness is marked. Temperature 101 degrees. 30 cc. Flexner's serum were given at one dose intravenously. The injection was followed at once by burning sensation over the whole body, with some excitability of the patient; 10 minutes later he had a chill lasting 20 min.

April 8—Skin of arms and trunk shows small pink urticarial rash. Left pupil dilated slightly, anterior chamber clearer.

April 16—Patient continues to improve steadily. Has been allowed to sit up in chair. Left knee somewhat stiff. Left eye shows posterior synechiae, and vision restricted to light and shadow. Right eye normal. Feels fine and is very hungry.

April 22—Patient walks about the ward and helps the doctor with the laboratory work. Temperature remains normal. Left knee somewhat stiff